

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	David		08-08-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	1118	9-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/5/04
2	✓	✓	7/1/04
3	✓	✓	12/27/04
4	✓	✓	12/27/04
5	✓	✓	12/27/04
6	✓	✓	12/27/04
7	✓	✓	12/27/04
8	✓	✓	12/27/04
9	✓	✓	12/27/04
10	✓	✓	12/27/04
11	✓	✓	12/27/04
12	✓	✓	12/27/04
13	✓	✓	12/27/04
14	✓	✓	12/27/04
15	✓	✓	12/27/04
16	✓	✓	12/27/04
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18	✓	✓	12/27/04
19	✓	✓	12/27/04
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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96/10/14